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SMART & BIGGAR*Intellectual Property & Technology Law***To Fax no.:** (571) 273-8300P.O. Box 2999, Station D
55 Metcalfe Street, Suite 900
Ottawa, Canada K1P 5Y6**Page 1 of:** 14**Attention:** Examiner: HEIBER, Shantell Laketa
Group Art Unit 2617Tel.: (613) 232-2486
Fax: (613) 232-8440**From:** SMART & BIGGAR**Your file no.:** 10/787,300**Date:** March 12, 2008**Reply to Ottawa file no.:** 51085-3/jas**Time:****EXPEDITED HANDLING REQUESTED****Certificate of Transmission**I hereby certify that this correspondence is being facsimile
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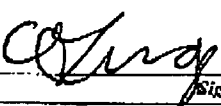
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 51085-3/jas	
Applicant(s): RAO, Padakandla Krishna et al.						
Application No. 10/787,300	Filing Date February 27, 2004	Examiner HEIBER, Shantell Laketa	Customer No. 07380	Group Art Unit 2617	Confirmation No. 8776	
Invention: TRANSMIT CHANNEL REQUEST MESSAGING FOR HALF-DUPLEX VOICE COMMUNICATIONS SYSTEMS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19 -	24 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-2550 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Christine N. Genge Reg. No. 45,405 Customer No. 07380 Tel. No. (613) 232-2486			Dated: March 12, 2008 <div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/787300 Confirmation No. 8776
Applicant : RAO, Padakandla Krishna
Filed : February 27, 2007
TC/A.U. : 2617
Examiner : Shantell L. Portis

Docket No. : 51085-3
Customer No. : 07380

Commissioner for Patents
Alexandria, VA 22313-1450
U.S.A.

Dear Sir:

In response to the Final Office Action of January 11, 2008, please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.